

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TULSA COMMUNITY FOUNDATION		D Employer identification number 73-1554474
	Doing business as		E Telephone number (918) 494-8823
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	7030 S. YALE, SUITE 600		G Gross receipts \$ 715,133,700.
City or town, state or province, country, and ZIP or foreign postal code TULSA, OK 74136		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: PHIL LAKIN, JR. SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.TULSACF.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1998	M State of legal domicile: OK

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TCF IS ORGANIZED AND OPERATED FOR CHARTIBALE PURPOSES PRIMARILY FOR THE LONG TERM BENEFIT OF THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	313
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,514.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	8,563.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	273,837,867.	211,637,405.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,039,425.	10,030,411.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,743,878.	17,983,992.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	117,209.	-1,640,591.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	307,738,379.	238,011,217.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	127,726,012.	176,114,750.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,312,959.	13,742,298.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	556,369.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,533,026.	25,259,934.
19 Revenue less expenses. Subtract line 18 from line 12	162,571,997.	215,116,982.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	145,166,382.	22,894,235.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	812,010,286.	776,647,116.
		5,868,244.	7,386,734.
		806,142,042.	769,260,382.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer PHIL LAKIN, JR., CHIEF EXECUTIVE OFFICER		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LOU ANN GIBSON	Preparer's signature LOU ANN GIBSON	Date 11/15/23	Check if self-employed <input type="checkbox"/>	PTIN P00405885
	Firm's name HOGANTAYLOR LLP	Firm's EIN 73-1413977	Phone no. 918-745-2333		
	Firm's address 2222 SOUTH UTICA PL, SUITE 200 TULSA, OK 74114				

May the IRS discuss this return with the preparer shown above? See instructions Yes No